

OMB #
Expires:

SP ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

FACILITY ID #: _____

START TIME: _____ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCE ADMINISTRATION

MEDICARE CURRENT BENEFICIARY SURVEY

FACILITY COMPONENT

HEALTH INSURANCE

ROUND 25

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

HEALTH INSURANCE QUESTIONNAIRE (IN)

IN1PRE1 omitted.

IN1PRE2
Display Stay Roster.

CTRL/E OK
HEALTH INSURANCE

IN1PRE2

The following questions are about {SP's} health insurance.

PRESS ENTER TO CONTINUE.

BOX IN3	<p>If Baseline: If HA47=-7,-8,-5, or -1 or if EX23A=-7,-8,-5, or -1, go to IN1. Else, go to IN5A.</p> <p>Else: The last time IN was administered: If IN1 = 0, 2, or -8; or If IN1A = 0, 2, or -8 and EX23A = -1 or HA47 = -5 or -1; or If IN1 = 1 and IN6 not = 1 or -1; Go to IN1A. If Round 20, go to IN5A. Else, go to IN18.</p>
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IN1
MEDICAID DISPLAY.

IN1

Has {SP} ever been covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}?

YES	1	(IN2)
NO	0	(BOX IN7)
PENDING	2	(BOX IN7)
DK	-8	(BOX IN7)
RF	-7	(BOX IN7)

INSU.ICAIDECO
PERS.INCAID .CAIDECO

MANAGEMENT SYSTEM SPECS:

If DK or RF, flag this item for retrieval with billing or expenditures respondent if not the IN respondent.

If pending, flag this item for retrieval in the next round.

PERM.INRETFLG

IN1A
MEDICAID DISPLAY
If PERS.XCAIDFLG = 0 or -1, display "The last . . . MEDICAID})."
Else, do not display.

IN1A

{The last time we asked about {SP's} health insurance, {he/she} was not covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}}. Is {SP} now covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}}?

YES	1	
NO	0	(BOX IN5)
PENDING	2	(BOX IN5)
DK	-8	(BOX IN5)
RF	-7	(BOX IN5)

INSU.ICAIDNOW
PERS.INCAID

IN2
MEDICAID DISPLAY.

IN2

Do you have a document that shows {SP's} most current {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?

YES	1
NO	0
DK	-8
RF	-7

INSU.ICAIDDOC

IN3

If IN2 = "1", display "Please read me {SP's} MEDICAID DISPLAY ID number from the document"; else display "Please tell me {SP's} MEDICAID DISPLAY ID number."

IN3

{Please read me {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number from the document/Please tell me {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number.}

MEDICAID ID NUMBER

DK.....	-8	(IN5A)
RF.....	-7	(IN5A)

INSU.ICAIDNUM

PERS.ICAIDNM .MCAIDFLG

IN4

MEDICAID DISPLAY

IN4

I'd like to verify the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID ID NUMBER}. Is this correct?

YES.....	1	(IN5A)
NO	0	

INSU.ICAIDVER

IN5
MEDICAID DISPLAY

IN5

Let me enter it again. (What {is/was} {SP's} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)

MEDICAID ID NUMBER (IN4)

DK..... -8
RF..... -7

INSU.ICAIDNUM
PERS.ICAIDNM .MCAIDFLG

IN5A

Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. {Is/Was} {SP} enrolled in a {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID) HMO?

YES 1
NO 0
DK..... -8
RF..... -7

INSU.MCAIDHMO

BOX IN3A	If baseline, continue. If coming from IN1A, go to IN9. Else, go to BOX IN5.
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IN6
MEDICAID DISPLAY.
If SP is SSM1, display "on September 1, {YEAR}"; else, display "When ... FAD/RAD."
If facility has no special care or affiliated units, display {FACILITY}; else, display {FAD/RAD UNIT}.

IN6

Was {SP} covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} {on September 1, {YEAR}/when {she/he} was admitted to {FACILITY}/{FAD/RAD UNIT} on {FAD/RAD}}?

YES..... 1
NO 0 (BOX IN7)
DK..... -8 (BOX IN7)
RF..... -7 (BOX IN7)

INSU.ICDCRCOV
PERM.INRETFLG
PERS.XCAIDFLG

PROGRAMMER SPECS:

If INCAID = 1 and ICDCRCOV not = 1 or -1, set PERS.XCAIDFLG = 1.

IN7

MEDICAID DISPLAY.

IN7

In what year was {she/he} first covered by {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}?

YEAR ()

INSU.ICAIDYY

PROGRAMMER SPECS:

Hard, 60-99, 00-10; soft, 74-99, 00-10.

BOX IN4

If IN7=-7 or -8, go to IN10.
If IN7YR>92, go to IN9.
Else, go to Box IN5.

IN9

Display months of the year plus "DON'T KNOW" and "REFUSED" as a select only one roster.

MEDICAID DISPLAY.

IN9

In what month did {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} begin?

SELECT ONLY ONE.

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

INSU.ICAIDMM

BOX IN5

If baseline:
If (IN7YR) \$ FAD/RAD, go to BOX IN7; else, go to IN10.
Else:
If Round 20 and SP is CFR, go to INEND.
Else, go to IN18.

IN10

If IN7 and IN9 not missing, display "in {IN9 MO} of {IN7 YR}";
else, if IN7 not missing, display "in {IN7 YR}"; otherwise, display "when ... first began".
MEDICAID DISPLAY.

IN10

Please look at this card and tell me where {SP} was living {in {DATE FROM IN7/IN9.}/{when {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} coverage first began.}

SHOW
CARD
IN1

IN THIS FACILITY	1	
OTHER NURSING HOME/REHAB CENTER	2	(BOX IN7)
PERSONAL CARE HOME/RESIDENTIAL CARE FACILITY	3	(BOX IN7)
CCRC/RETIREMENT HOME/CENTER	4	(BOX IN7)
HOSPITAL	5	(BOX IN7)
PRIVATE HOME OR APARTMENT	6	(BOX IN7)
OTHER LTC FACILITY.....	7	(BOX IN7)
OTHER (SPECIFY).....	91	(BOX IN7)

INSU.ICAIDLIV .ICDLIVOS

BOX IN6

If FACILITY has more than one part, continue; else, go to BOX IN7.

IN11

Display Version 4 of the Place Roster and "OTHER PLACE".
If IN10=-1, display "when ... first began".
MEDICAID DISPLAY

IN11

In which part of {LARGER FACILITY} did {he/she} live {when {her/his} {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} coverage first began.}?

PROBE: Is it [READ NAMES FROM PLACE ROSTER]?

USE ARROW KEYS. TO SELECT, PRESS ENTER.
TO EXIT, PRESS ESC.

INSU.XINPLACE

BOX IN7

If HA44A = 0 and HA44B (Medicare number) ...-7 or -8, or HA44A = 1, go to IN13;
Else, continue.

IN12A

Our records show that {SP} is covered by Medicare. I'd like to ask some questions about {his/her} Medicare coverage.

IN12-13
SAMPLE LAYOUT
If SP is SSM1, display "September 1, {YEAR}";
Else display "{FAD/RAD}".

IN12-13	
Was {SP} covered by {VARIABLE TEXT} of Medicare on {September 1, {YEAR}}/{FAD/RAD}}?	
IN12	YES = 1, NO = 0
Part A?	()
IN13	
Part B?	()
PRESS F1 FOR PART A AND PART B DEFINITIONS.	

INSU.ICAREPTA
INSU.ICAREPTB
PERM.INRETFLG
PERS.CAREPTB

BOX IN8	If coming from IN12A, continue. Else, go to IN18.
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IN14	
I'd like to verify the Medicare ID number we have in our records.	
Do you have a document that shows {SP's} Medicare ID number?	
YES	1
NO	0 (IN18)
DK	-8 (IN18)
RF	-7 (IN18)

INSU.ICAREDOC

IN14A	
The Medicare ID number for {SP} that we show in our records is {MEDICARE #/RRB#}. Is this the same ID number that you have in your records?	
YES	1 (IN18)
NO	0
DK	-8 (IN18)
RF	-7 (IN18)

INSU.ICARECHK
PERS.CARECHK .MCAREFLG

IN14B

Does {SP}'s Medicare ID number begin with a letter or number?

NUMBER 1
LETTER 2

INSU.ICAREFST

PROGRAMMER SPECS:

Do not allow DK or RF.

IN15

If IN14 = "1", display "Please read me {SP's} Medicare ID number from your records";

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else display "Please tell me {SP's} Medicare ID Number."
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If IN14a = "1", display {MEDICARE...BIC}; else, display {RRB...RRB#}

IN15

{Please read me {SP's} Medicare ID number from your records/Please tell me {SP's} Medicare ID number.}

MEDICARE: () - () - () - ()
 AREA GROUP END BIC

RRB: ()
RRB#

DK..... -8 (IN18)

RF -7 (IN18)

$$\begin{aligned} & \text{INSU.ICAREAR} + .\text{ICAREGR} + .\text{ICAREEND} + .\text{ICAREBIC} = .\text{ICARENUM} \\ & \quad .\text{ICARERRB} \\ & \text{PERS.ICARENM} \quad .\text{CARERRB} \quad .\text{MCAREFLG} \end{aligned}$$

PROGRAMMER SPECS:

AREA: soft range: 1-626, 697-729.

GROUP: soft range: 1-99.

END: soft range: 1-9999.

BIC: soft range: 1st character is A-F, J, K, M, T, or W.

RRB#: soft range: 1st character is alpha.

IN16

I'd like to verify the Medicare ID number that I have recorded. I have entered {MEDICARE#/RRB#}. Is this correct?

YES 1 (IN18)
NO 0
DK -8 (IN18)
RF -7 (IN18)

INSU.ICARETNU

IN17

If IN14 = "1", display "Please read me {SP's} Medicare ID number from the document";

else display "Please tell me {SP's} Medicare ID Number."

If IN14a = "1", display {MEDICARE...BIC}; else, display {RRB...RRB#}

IN17

Let me enter it again. (What {is/was} {SP's} Medicare ID number?)

{MEDICARE: (AREA) - (GROUP) - (END) - (BIC)} (IN16)

{RRB: (RRB#)} (IN16)

DK -8
RF -7

INSU.ICAREAR + .ICAREGR + .ICAREEND + .ICAREBIC = .ICARENUM
.ICARERRB
PERS.ICARENM .CARERRB .MCAREFLG

PROGRAMMER SPECS:

AREA: soft range: 1-626, 697-729.

GROUP: soft range: 1-99.

END: soft range: 1-9999.

BIC: soft range: 1st character is A-F, J, K, M, T, or W.

RRB#: soft range: 1st character is alpha.

IN18

If CFR or SSM1 and round = any fall round, display "September 1, {YEAR};"

Else display "{FAD/RAD}".

If IN12 or IN13 = 1, display "and/or ... policy".

IN18

On {September 1, {YEAR}/{FAD/RAD}}, was {SP} covered by private health insurance that pays for some or all charges for inpatient and outpatient hospital and physician services {and/or supplements Medicare (Medigap policy)}?

YES	1	(IN19)
NO	0	(IN20)
DK	-8	(IN20)
RF	-7	(IN20)

INSU.IGAPCOV
PERS.GAPCOV

IN19

If IN18 = "1", display IN19 as an overlay to IN18.

Allow fields for up to five companies.

IN19

What is the name of the insurance company?

PROBE: Any others?

INSU.IGAPNAME **.IGAPNAM2** **.IGAPNAM3** **.IGAPNAM4** **.IGAPNAM5**
PERS.GAPNAME

PROGRAMMER SPECS:

Disallow DK or RF to IN19, and display error message: If refusal: "Enter RF in text lines and use comments (CTRL/K) to describe circumstances". If don't know: "Enter DK in text lines and use comments (CTRL/K) for a brief description of the coverage."

IN20

If CFR or SSM1 and round = any fall round, display "September 1, {YEAR}."

Else, display "FAD/RAD".

IN20

On {September 1, {YEAR}/{FAD/RAD}}, was {SP} covered by private health insurance that pays for some or all charges for more than 100 days of nursing home care, that is, a long-term care policy?

YES	1	(IN21)
NO	0	(IN22)
DK	-8	(IN22)
RF	-7	(IN22)

INSU.ILTCCOV
PERS.LTCCOV

IN21

If IN20 = "1", display IN21 as an overlay to IN20.
Allow fields for up to five companies.

IN21

What is the name of the insurance company?
PROBE: Any others?

INSU.ILTCNAME .ILTCNAM2 .ILTCNAM3 .ILTCNAM4 .ILTCNAM5
PERS.LTCNAME

PROGRAMMER SPECS:

Disallow DK or RF to IN21, and display error message: If refusal: "Enter RF in text lines and use comments (CTRL/K) to describe circumstances". If don't know: "Enter DK in text lines and use comments for a brief description of the coverage."

IN22

If CFR or SSM1 and round = any fall round, display "September 1, {YEAR}"
Else, display "FAD/RAD".

IN22

Was {SP} covered by either CHAMPUS or CHAMPVA for hospital or physician care on {September 1, {YEAR}/{FAD/RAD}}?

YES 1
NO 0

PRESS F1 FOR EXPLANATION OF CHAMPUS AND CHAMPVA.

INSU.ICHACOV

IN23

If CFR or SSM1 and round = any fall round, display "September 1, {YEAR}".
Else, display "FAD/RAD".

IN23

Was {SP} covered by any other Department of Veterans Affairs (VA) program or contract on {September 1, {YEAR}/{FAD/RAD}}?

YES 1
NO 0

INSU.IDVACOV

IN24

If IN6=1, MEDICAID DISPLAY; else display "Was".

If CFR or SSM1 and round = any fall round, display "September 1, {YEAR}".

Else, display "FAD/RAD".

IN24

{Besides {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)}, was/Was} {SP}
covered by any other public assistance health insurance program on {September 1, {YEAR}/{FAD/RAD}}?

YES	1	
NO	0	(BOX IN9)
DK	-8	(BOX IN9)
RF	-7	(BOX IN9)

INSU.IPUBCOV

IN25

What {is/was} the name of the public assistance health insurance program?

NAME OF PUBLIC ASSISTANCE HEALTH INSURANCE PROGRAM

INSU.IPUBNAME

Box IN8 omitted.

IN26 omitted.

BOX IN9

If SP alive, and a CFR, FFC, or FCF, and round = any fall round, continue.
Else, go to INEND.

BQ13A

Is {SP} currently married, widowed, divorced, separated, or never married?

MARRIED	1
WIDOWED	2
DIVORCED	3
SEPARATED	4
NEVER MARRIED	5

INSU.IMARSTAT

INEND

YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.



IN THIS FACILITY

OTHER NURSING HOME OR REHABILITATION CENTER:

Nursing homes are licensed or certified facilities that provide nursing services 24 hours a day to the residents. Rehabilitation centers provide skilled nursing care or rehabilitation services and other related health services.

PERSONAL CARE HOME OR RESIDENTIAL CARE FACILITY:

Personal care and residential care facilities or apartment buildings offer residents help with activities, such as bathing and dressing, but do not provide 24-hour nursing services. (Some residents at a personal care or residential care facility may not require such assistance, but it must be available to them). These facilities are sometimes called assisted-living communities, personal care homes, board and care homes, or domiciliary homes.

CCRC OR RETIREMENT CENTER OR HOME:

CCRC and retirement centers or homes may have nursing home facilities on a campus along with other housing and services, such as apartments, board and care services, and often a variety of community-based long-term care services.

A HOSPITAL

A PRIVATE HOME OR APARTMENT

OTHER LTC FACILITY:

Long-term care facilities provide a residence, some surveillance and available living assistance for persons no longer willing or able to live on their own for the long term.

INSURANCE HELP SCREENS

IN12

Part A of Medicare is hospital insurance: pays part of inpatient hospital care and some nursing home, home health, and hospice care. About 98 percent of Americans over age 65 receive Part A without charge; some others, e.g., those with disabilities and those over 65 who are among the 2 percent, purchase Part A or have it purchased for them.

IN13

Part B of Medicare is supplemental medical insurance: pays part of doctors' services, outpatient hospital services, medical equipment, and some other services not covered by Part A. Persons who have Part A may purchase Part B.

IN22

CHAMPUS is a program that covers both active duty and retired military personnel, their dependents, and survivors. CHAMPVA is a program that covers disabled veterans, their dependents, and survivors. CHAMPUS and CHAMPVA do NOT include veterans or survivors monthly benefits nor plans such as the Army Health Plan, the Air Force Health Plan, and so on, that provide medical benefits to enlisted personnel, dependents, and some civilian employees.